

2001 UNIFORM BUSINESS REPORT (UBR)

0006950 AF

DOCUMENT # L00000006629

1. Entity Name
PARRILLADA SIGA LA VACA, L.L.C.

FILED

01 MAR 20 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

505 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

505 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

1822 S. YOUNG CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1822 S. YOUNG C.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood FL

4. FEI Number

65-1035199

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTORO, PIETRO
505 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS SANTORO, PIETRO
CITY-ST-ZIP 505 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Pietro Santoro

MARCH 11, 2001

954.923.1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)